RECEIVED CENTRAL FAX CENTER

Appl. No. 10/624,017 Any. Docket No. P-124C2 Amdt dated March 17, 2005 Response. to Office Action December 16, 2004 Customer No. 27752

MAR 1 7 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

10/624,017

Applicant(s)

Gary Mitchell Davenport et al.

Filed

July 21, 2003

Title

Process And Composition For Controlling

Fecal Hair Excretion And Trichobezoar Formation

TC/A.U.

1651

Examiner

Ruth A. Davis

Conf. No.

5722

Docket No.

P-124C2

Customer No.

27752

REPLY AFTER 1ST OFFICE ACTION UNDER 37 CFR §1.111(c)

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

INTRODUCTORY REMARKS

Dear Sir:

In response to the Office Action dated December 16, 2004 for the above-identified patent application, please consider the following remarks. Attached hereto is a Petition for Extension of Time, and the fee required under 37 C.F.R. § 1.17(a)(1), providing for a timely response up to and including April 16, 2005.

Remarks begin on page 2 of this paper.

Procter & Gamble - I.P. Division

MAR 1 7 2005

IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

FACSIMILE TRANSMITTAL SHEET AND CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

TO: Examiner Ruth A. Davis - United States Patent and Trademark Office

Fax No. 703-872-9306

Phone No. 571-272-0915

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on March 17, 2005, to the above-identified facsimile number.

FROM: Linda S. Jernigan (Typed or printed name of person signing Certificate)

Fax No. 513-622-3300

Phone No. 513-622-2811

Listed below are the item(s) being submitted with this Certificate of Transmission:**

1) Fee Transmittal - orig. w/copy

2) 1 Mo. Extention - orlg. w/copy

3) Reply - 11 pages

4)

5)

Number of Pages Including this Page:

inventor(s): Davenport et al.

S.N.:

10/624,017

Filed:

July 21, 2003

Docket No.: P124C2

Comments:

**Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision. Effective December 8, 2004

Complete if Known				
Application Number	10/624017			
Confirmation Number	5722			
Filing Date	July 21, 2003			
First Named Inventor	Davenport et al.			
Examiner Name	Ruth A. Davis			
Art Unit	1651			
Attorney Docket No.	P124C2			

TOTAL AMOUNT OF PAYMENT (\$120)

METHOD OF PAYMENT	FEE CALCULATION (continued)
1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company	5. ADDITIONAL FEES Fee Description Extension for reply within 1 ^x month Extension for reply within 2 nd month Extension for reply within 3 nd month Extension for reply within 3 nd month Extension for reply within 4 th month (\$1,020) [] Extension for reply within 4 th month (\$1,590) []
FEE CALCULATION	Extension for reply within 5 th month (\$2,160) []
2. BASIC FILING FEE - Large Entity FILING SEARCH EXAMINATION FEE FEE FEE FEE Application Type Utility (\$300) (\$500) (\$200) (Total = \$1000) [] Reissue (\$300) (\$500) (\$600) Reissue (\$300) (\$500) (\$600) (Total = \$1400) [] Provisional filing fee (Total = \$200) []	Information Disclosure Statement fee (\$180) [] 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) (\$130) [] 37 CFR 1.17 (q) Missing Parts (provisional) (\$50) [] Non-English specification (\$130) [] Notice of Appeal (\$500) [] Filing a brief in support of an appeal (\$500) []
3. APPLICATION SIZE FEE: Sheets of Spec and Drawings [] (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee	Request for oral hearing (\$1,000) [] Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) (\$1,370) [] Other:
Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent	·
(\$50 per claim) SUBTOTAL (4) (\$)[]	SUBTOTAL(5) (\$) [120

			Comp	lete (if applicable)
Name (Print/Type)	Cynthia L. Clay	Registration No. 54,930 (Attorney/Agent)	Telephone	(513) 622-0291
Signature	Cinthia L.	Clay	Date	3/17/05

This collection of information is required by 37 CFR 1.17. The information is required to complete which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is extravely to the public which is no file (and by the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form analyst suggestions for reducing application form on the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form analyst suggestions for reducing the sum to the Chief Information Officer, U.S. Private and Trademark Office, U.S. Department of Commence, P. O. Bro 1450, Alexandria, VA 22313-1450. DO NOT SEND FIRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Parents, P.O. Bro 1450, Alexandria, VA 22313-1450.

MAR-17-2005 13:55 P&G HC	PATENT DIV.	513 622 3300 P.03/1
	Co	mplete if Known
FEE TRANSMITTAL	Application Number	10/624017
for FY 2005	Confirmation Number	5722
Patent fees are subject to annual revision.	Filing Date	July 21, 2003
Effective December 8, 2004	First Named Inventor	Davenport et al.
	Examiner Name	Ruth A. Davis
	Art Unit	1651
TAX AMOUNT OF PAYMENT (\$120)	Attorney Docket No.	P124C2

The Director is hereby authoritized on charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Number: 16-2480 Deposit Account Number: The Proctet & Gamble Company	ANOTHE OF PAYME	ENT (\$120)	Attori	ney Docket No.	P124C2		
METHOD OF PATIVISM The Director is hereby suborized in charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 TEE CALCULATION 2. RASIC FILING FEE Large Entity FILING SEARCH EXAMINATION FEE FEE FEE FEE TYPE Unitity (\$300) (\$500) (\$500) Crotal = \$1400) [] Provisional filting fee (\$230) (\$500) (\$500) (Total = \$430) [] Provisional filting fee (\$230) (\$500) (\$500) [] Application (Total = \$200) [] Provisional filting fee SUBTOTAL (2)+(3) (\$510) SUBTOTAL (2)+(3) (\$510) Lesing [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Independent Claims [] - 20** = [] x [] = [] Independent	TOTAL AMOUNT OF PATRICLE			FEE C			
Deposit Account Name: The Proctet & Gamble Company	The Director is hereby authoric submitted on this form, credit charge any additional fee(s) diapplication to:	zed in charge indicated any over payments, an uring the pendency of t	this	5. ADDITIONAL I Fee Description Extension for reply we Extension for reply we	rithin 1 st month rithin 2 nd month rithin 3 nd month	(\$120) (\$450) (\$1,020)	[120] [] []
Provisional filing fee Larder Entire	Deposit Account Name: The Pro	octer & Gamble Com	pany	Extension for reply v	vithin 4th month		
Application Type Utility (\$300) (\$500) (\$200) Design (\$200) (\$100) (\$130) Reissue (\$300) (\$500) (\$600) Reissue (\$300) (\$500) (\$600) Total = \$4400 I Provisional filing fee (Total = \$1400) I Sherts of Spec and Drawings (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$0III 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Pee from Pee Claims Below Paid Independent Claims -20** = I x	2. PASIC FILING FEE - Large Ent	<u>ity</u> AMINATION		Information Disclos	ure Statement fce	(\$180)	0
Cotal = \$1000 Cotal = \$1000 Cotal = \$4300 Cotal = \$430	Application Type	Fee	<u>Pajd</u>	(nonnovisional)			_
Reissue (\$300) (\$500) (\$600) Provisional filing fee (Total = \$1400) [] S. APPLICATION SIZE FEE: Sheets of Spea and Drawings [] (\$250 for each 50 sheets in excess of 100, except for sequence and program listinga) SUBTOTAL (2)+(3) (\$)[] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims [] - 20** = [] x [] = [] Multiple Dependent claims: ** or number previously paid, if greater; For Reissues, see below Ree Description Claims in excess of 20 (\$50 per claim) Multiple dependent claim, if not paid (\$350) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue: each independent claim over 20 and more than original patent (\$50 per claim) **Refissue claims: each claim over 20 and more than original patent (\$50 per claim) **Refissue claims: each claim over 20 and more than original patent (\$50 per claim) **Refissue claims: each claim over 20 and more than original patent (\$50 per claim) **Refissue claims: each claim over 20 and more than original patent (\$50 per claim)	Utility (\$300) (\$500) (\$20	(Total = \$1000) (30)				(\$130)	_
Provisional filing fee (Total = \$200) [] 3. APPLICATION SIZE FEE: Sherts of \$pec and Drawings [] (\$250 for each \$50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) [\$1] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: cach claim over 20 and more than original patent (\$50 per claim) **Reissue claims: cach claim over 20 and more than original patent (\$50 per claim) **Reissue claims: cach claim over 20 and more than original patent (\$50 per claim)	(CEOO) (S6	500)					_
Sheets of Spec and Drawings (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$0] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims [] - 20** = [] x				-	•) D
Claims Below Paid Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: cach claim over 20 and more than original patent (\$50 per claim) SUBTOTAL(5) (\$) [120]	Sheets of Spec and Drawings (\$250 for each 50 sheets in excess of sequence and program listings) SUBTOT	f 100, except for (AL. (2)+(3)	\$ <u>) []</u>	Acceptance of uni- under 35 U.S.C.	ntentionally delayed claim for 119, 120, 121, or 365 (a) or (c)	priority) (\$1,370 ——	D 0
Rec Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL(5) (\$) [120]	Total Claims [] - 20** = [] Independent Claims [] - 3** = []	Extra	Paid D O				
(\$50 per claim) SUBTOTAL(5) (\$) [120]	Rec Description Claims in excess of 20 (\$50 per claim independent claims in excess of 3 (\$ Multiple dependent claim, if not paid **Reissue: each independent claim of the claim in excess of 3 (\$ 100 per claim)	m) (200) per claim) d (\$360) over 3 and more than in	o the	at .			
	(\$50 per claim)						(\$) [120

SUBTOTAL (4) (\$)[]				Complete (if applicable)	
SUBMITTED BY Name (Print/Type)	Cynthia L. Clay	Registration No. (Amorney/Agent) 54,930	Telephone Date	(513) 622-0291	
Signature	Conthia L	· Clay			